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## **Editorial: All the World's a Stage: Playing Our Part in the Social Care or Child and Youth Care Production**

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### **Introduction**

This editorial is a particularly opinionated one. It comes from wanting to see *action* as we, involved in social care education or CYC work, start the second year of the new millennium. Regular readers will be aware that normally I tend to write in a detached and 'safe' academic voice, but in this editorial I want to write more from a personal perspective. So, here goes...

I have noticed that several statutory and voluntary bodies such as the Resident Managers' Association, the National Council for Educational Awards and the Department of Health and Children have commenced deliberations on what might be done to attract people into social care. There is a strong national debate on staff retention and on what might be done to achieve co-ordination across the various sectors such as community child care, residential child care and day care.

Furthermore, the Irish government has recently announced that it is to spend £200,000 on child care research and that actors from the social care environment (both practice and academia) may apply for research monies. All of this is good news to the weary traveller. Nonetheless, I have a number of points that I feel bound to explore in this editorial, but the main focus will be on self-belief and how the social care student and practitioner can act as an advocate and a change agent.

### **Drawing from International Experience**

This editorial has been influenced by an ongoing discussion I have been engaged in with Thom Garfat, a colleague and friend in Canada. Thom has about 30 years of experience in social care as a front line practitioner, a manager, trainer and academic and is now a consultant in private practice. One can clearly get a sense of the struggle Thom has with the fine line we walk between wanting to assist and facilitate CYC

workers whilst not adding to their sense of helplessness. Thom's struggle with this in Canada is no different to ours here in Ireland. Let me begin with one of his first observations on attempting to provide leadership to CYC staff. *"I think that in some ways, hopefully in the past, our attitude and actions towards care workers have mimicked the attitude and approach of their previous oppressors/abusers. We demand that they change, point out how they are inadequate and tell them to do as we say. But, often, what is needed is not only a different structure but a different approach - one focused on caring, nurturing and support in the early stages. I think it is Glasser in Choice Theory who says 'you cannot change anyone, you can only change how you are with them.' Over the years I have tried to learn to be with CYC workers in a 'different' way, just like I try to be with damaged individuals in a manner different than others have been with them in the past. My hope is that in some small way, they might find a new experience of self. A self of value, of worth"* (Garfat, 2001).

Thom goes on to comment on the profile of the CYC worker, something I have alluded to in my own work. He draws parallels between the 'client' and the CYC worker in terms of lived experiences of care. *"This I think is one of the places where the experience of working with damaged people and care workers are similar. Most of the care worker teams with whom I have worked, I would argue, are composed of hurt and often abused people. They frequently began with an experience of wanting to help and to be of value but over the years they were told they were unimportant, told what to do, told they didn't know what they were doing, were discounted, assigned to insignificance etc. Additionally, supervision has consisted of criticism, correction and control. Not support and caring"* (Garfat, 2001).

### **What's Wrong With Us? Being Self-reflective**

The reader might wonder why I have signposted this section, what's wrong with us? Is social care ill? Do we need a doctor to bring us back to full health? Can we self-heal? Are we any different in Ireland? Are our problems unique to us? The short answer to this is no. I consistently see colleagues in North America, Canada and South Africa asking the same questions of their own scholarly and working environments on the Internet and in various journals (see Garfat, 1996; Beresh, 1998).

In another e-mail written over Christmas 2000 Thom asked, *"Help me understand something Niall...about social care workers. From reading one of the books you sent, I realise that social care is considered a generic term (kind of like how VanderVen, (1992) describes the developmental life span care worker). I get the impression from some of the stuff I read that child care workers (a derivative of social care worker?) is essentially an 'assistant', a supplement to the 'real' treatment personnel. Is this a correct assumption?*

Now, I don't think that Thom could have realised how political a question it is that he asked from our perspective. What interests me most from the point of view of the Irish Association of Social Care Educators and the Irish Journal of Applied Social Studies is how experts outside this country view our social care provision in the year

2001. Indeed, Thom's question is often put to me by Irish journalists and parents of prospective students who don't fully understand the difference between a child care worker and a social care practitioner, so it seems fair to say that confusion abounds.<sup>1</sup>

Thom goes on to drop a bombshell when he elaborates, *"For example, in a group living program for troubled youth, who would be considered the primary treatment persons? What would be the actual role of the CCW? We recently developed a program for some of the typical range of troubled of kids in Nova Scotia . . . All of the staff are youth care workers - they do the intervention planning, they do the family work, group work, outreach, etc. They also do the cooking, housekeeping, etc as part of daily living. Psychiatrists, psychologists, etc are used as needed under contract. The referring social worker continues in an overall case management role but has no authority over the program. Does this sound like the same thing as social care - child care worker in Ireland?"*

What does the Irish reader think of that? I'd imagine that most of you are smiling wryly to yourselves and saying "If only...". But we can achieve a similar terrain if we only mobilise ourselves and, crucially, believe in ourselves (see McElwee, 2000a). This leads me to ask some painful questions:

- why have Irish social care practitioners historically failed to get involved in the decision making process at the highest levels in this country?
- why have the mass of members of the Irish Association of Care Workers (the national association for CYC workers here) consistently failed to demand representation through their Executives on important national matters?
- how can we explain the significant fall-off in membership of that Association over the past twelve months?
- why are the 'power brokers' in social care inevitably social workers, clinical psychologists and psychiatrists to name but some?
- why are social care students and practitioners so slow to submit articles to a journal (IJASS) that was established *specifically* with them in mind?
- why is there still such a resistance to academia and research from all too many practitioners when many of these practitioners have come through the third level training colleges?

This resistance does not appear to be the norm in other systems. VanderVen (1998, p. 95), for example, suggests that:

There has never been a full profession without a higher education component that not only serves to assemble, generate, and compile knowledge, by

<sup>1</sup> I am about to travel to two of the Irish Universities who train social workers and give them a presentation on the changes in Social Care education and training in an effort to better prepare them for a multi-disciplinary environment. One of the recurring complaints from Social Care Practitioners is that social workers do not understand that they are no longer Child Care Workers.

research and other methods, and to prepare practitioners in the knowledge, skills and attributes of the field in a way that not only continues to generate and disseminate knowledge, but also to model the purpose, changing content, and overall structure of the field as it moves towards becoming a profession.

I have now been involved in social care education and training for almost a decade and in social care practice (albeit, in a part-time capacity) for three years with an outreach project for people involved in prostitution. During my time as an educator I have consistently endeavoured to help students develop a sense of self worth as professional practitioners within their *own* discipline and, at this stage, literally hundreds of students have graduated through the programmes at the Waterford Institute of Technology. Unfortunately, the fact is that there has been a lack of co-operation at the highest levels between practitioners and the training colleges over the years and we need to redress this. Let me provide but one example.

### **Preaching from the Practitioners Pulpit**

Thom Garfat comments *"It has been my experience that after years of being told they are unimportant, it is difficult for people to find value in themselves, or their work. I believe that before others will believe in us we need to believe in ourselves. And why should we? What is it that we do that others don't do as well, or the same? Where is the special value in our work? We need to discover this. As we, as practitioners, grow to value our work - not superficially, but in the deep and genuine sense, we will begin to interact differently with others, and to view ourselves differently"* (Garfat, 2001). Again, we see direct parallels with the Canadian CYC terrain and social care in this country. Indeed, Noel Howard, a past President of the Irish Association of Care Workers and an individual very highly respected in the Irish social care community, suggested in a Keynote conference address six years ago that social care practitioners must, "have a fundamental sense of belief and sense of pride in what we do if greater issues with profounder implications have to be addressed" (1995, p. 9).<sup>2</sup>

Noel acknowledges that training is under constant review and argues that we should look for "natural feel and ability" in care practitioners. He recounts examples from practice where care workers with no qualifications have coped with children in very trying situations in a capable and caring manner and this seems to support his position. I do not disagree that this was, and often is, the case. However, it seems to me that it does a serious disservice to those about to undertake formal training, those currently on training programmes, graduates of programmes around the country and, most important, to the children, youth and families who deserve the best of care if we accept that this should be the norm in practice in the year 2001. Social care practitioners should be encouraged at every level to undertake training and qualified social care practitioners should continually up-skill themselves. In this, they should be supported by employers and the relevant government departments. Further, the entire Executive of the Irish Association of Care Workers should actively lobby their membership to qualify to the appropriate levels, for if leadership does not come from

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<sup>2</sup> The IACW was founded in 1972 to promote the rights of children in residential care and to better the professional standing of those care workers (child care workers) who work with them

high-profile individuals who will it come from? Let us, once again, raise the 'professional' debate question.

I wonder if any reader would be content in bringing a very ill child in your care to a hospital to see a medical Doctor and instead be offered a person with some years experience but no formal qualifications and no formal accreditation? Would any reader even leave your car into an individual with some years experience but no formal training to have faulty brakes tuned? I do not think so. So why would we do less for troubled children and young people?

### **What is Good for the Goose is Good for the Gander<sup>3</sup>**

If we insist on working with professionals in other disciplines, why do we not insist on similar criteria for ourselves. Why do we not actively and demonstrably believe in ourselves? I note a letter from a residential child care worker in which she/he states "If we are to reduce the potential of putting vulnerable children at further risk, then we must ensure that only trained workers (i.e. persons possessing the Diploma in Social Care Work), who have been meticulously selected and screened have access to these jobs...There should be no such thing as practicing careworkers who are untrained in their profession" (Hutchinson, 1996, p. 14). So, why the absence of serious change up to now?

### **Who Will Dare Speak?**

When a child care scandal breaks in the Irish media it is usually social workers, or a very small pool of academics, who are asked to comment on what are essentially front line social care issues. I could cite several examples from residential child care here such as Madonna House, Goldenbridge, Trudder House and Artane Industrial School to name but some. In all my involvement with various national and regional media I have rarely been asked to comment on the good work being done in social care throughout the country – on the positive aspects of social care if you like.

Invariably, I am contacted by producers and researchers to respond to a breaking abuse story, or to provide commentary on a budget that has failed to include provision for Social Care agencies. The message is clear. Good news does not sell newspapers nor does it guarantee radio time. But, in all of this the 'ordinary' social care practitioner is left out. Voiceless. Misrepresented. Ignored.

So, what can we conclude from this? Either the average social care practitioner does not care enough about other professions (mis)representing them to complain to the media on this matter, they are simply too busy to respond, their employers do not allow them to respond or the media does not take social care seriously as a discipline. Another possible explanation is that students and social care practitioners are unused to publicly representing themselves and thus have little precedent to go by. A further

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<sup>3</sup> Sorry, couldn't help but get the reference in to poor Jonathon. See Child and Your Care On-Line.

point raised by Thom Garfat is that some social care practitioners might not feel 'worthy' enough to become involved in a public debate.

Either way, this is disappointing when one considers that training has been available to social care practitioners in this country since 1970. This situation is particularly the case when one reads comments acknowledging the unhappy terrain such as "We would be guilty of living in an unreal world if we did not feel in some way that we have all been diminished by recent events and all the suspicion, innuendo and sensationalism that can surround such matters (Howard, 1995, p. 8).

Let me reiterate myself at this point. I am not wanting to be either negative or disheartening, or to devalue the excellent daily work done by social care practitioners throughout Ireland. I would not stay in social care if I did not believe in what we are all trying to accomplish. In the spirit of attempting to move ourselves forward let me now suggest something practical that we could do to take more control over our collective destinies.

#### **The Irish Associations of Social Care Students, Graduates and Educators**

Furthermore, we have not even to risk the adventure alone. For the heroes of all times have gone before us. The labyrinth is thoroughly known. We have only to follow the thread of the hero path, and where we had thought to find an abomination, we shall find a God. And where we had thought to slay another, we shall slay ourselves. Where we had thought to travel outward, we will come to the centre of our own existence. And where we had thought to be alone, we will be with all the world

— Joseph Campbell.

One of the more positive developments in recent years is the establishment of the Irish Association of Social Care Educators, which is actively co-ordinating programmes across the country and sharing solutions to common issues (see the Association's web site at [www.itsligo.ie/staff/pshare/IASDCE/iasce.htm](http://www.itsligo.ie/staff/pshare/IASDCE/iasce.htm)). Another positive development is this journal as it provides a forum for expression for all involved in social care.

For years at CYC conferences I have heard practitioners complain (usually in the bar and often after several pints have been 'downed') that the training colleges are inconsistent, fail to apply the same standards to their respective students, do not adequately monitor practicums and fail to produce the type of worker that is needed in the field. At least part of this view is also shared by one of the Health Board Regional Co-ordinators of Child Care Services (Kieran, 2000). We, in the colleges, should take heed of such criticisms, acknowledge our shortcomings and actively respond to our critics through action and identifying measurable outcomes that we can be judged



against over a period of time. Practitioners could contribute constructive criticism to course boards when policy documents are being developed.

I have argued elsewhere that we require a reflective practitioner – one who works well with ‘clients’, but also one that bases his or her work on some set of theories that are identifiable, recognisable and open to scrutiny (McElwee, 2000b). It is not enough any more (in fact, it never was) to just ‘do the work’. Students and practitioners need to *know why* they have chosen one particular intervention as opposed to another. They need to have a range of intervention tools/techniques that they can draw upon when faced with a situation. Personally, I want these to be based on what is considered to be best practice, not just the limited knowledge base in one particular unit or community setting.

There are literally hundreds of social care practitioners who have insightful commentaries on their work. It is unfortunate however that we rarely see these in print. Perhaps there is not the culture in this country of expressing oneself in print format when one ‘sees’ oneself primarily as a practitioner. We can, however, do something about this.

### **How Can the Existing Landscape be Changed?**

Let me start this section with a little personal anecdote. My wife and I moved into a period cottage some two and a half years ago and one of the first items on the agenda was for us to attack the garden as it was overgrown and poorly planted. As with any garden work there are broadly two approaches and we argued over which was the appropriate one in our case. The first possible approach we considered is what I might term the “bulldozer approach” where we could have gone in and ripped apart all existing structures in an effort to radically change what was to what we would like. The second approach I might term the “Pick Axe” approach where we could have chipped away carefully at the existing structures in an effort to remould and reshape. The latter approach is less of a threat to the ecology of the garden and surrounding fields and can be more beneficial in the long run as there is greater opportunity for dialogue along the way. I will leave the reader to guess which approach we favoured!

It is clear that the Irish Association of Care Workers has difficulty in retaining membership and in attracting new members. It is also clear that that Association has a particular difficulty with the percentage of unqualified members (McElwee, 2000a). I still feel that it *should be supported* by the various actors in social care in this country as it has done so much good work in the past, has so many experienced practitioners at all levels and could contribute usefully to future developments.

The current President of the Association is contemplating a radical structural overhaul from the present situation where the Association is based in Dublin and where there is one committee to one where the power base is devolved to the regions, as is the case with the Resident Managers’ Association (Bailey, 2001). But is this enough? Again, if



we look to some of our international colleagues for thoughts on these issues we see that we are not alone and in this we can take some comfort. In one of his editorials to the *Journal of Child and Youth Care* Gerry Fewster asks, "Why do professional associations that once set out to challenge the world now limit their ambitions to dishing out those churchy little newsletters to those who can still afford to pay the fee?" (1995, p. v). Why indeed?

### **Empowering Students of Social Care and Child and Youth Care**

As I am primarily an educator, I will confine my comments to what I am most familiar with the training and education of students who will take up positions in social care environments across the voluntary and statutory sectors. From my visits to the various colleges over the past six months it seems apparent that the majority of students are *not* taking up membership of the professional Associations. Instead they tend to join only their own college social care societies (as is the case at the Institute of Technology Sligo and at Waterford Institute of Technology), or are seeking membership of unions such as IMPACT and SIPTU. Indeed, at the most recent annual conference of that Association (March, 2000), only six students from two out of seven colleges attended. This was not because students were uninvited. They simply decided en masse to busy themselves elsewhere. But, could more have been done to attract students to the conference in the first instance?

### **The Gauntlet is Thrown Down**

One hour of life, crowded to the full with glorious action, and filled with noble risks, is worth whole years of those mean observances of paltry decorum

- Sir Walter Scott (1771-1832) *Count Robert of Paris*

I want to challenge you, as students and social care practitioners, to become more involved in deciding and controlling your own destinies. At the risk of being considered insulting, this means that you must stop merely complaining about all the inadequacies in the field and start acting. If you feel that you have not been adequately represented in the past, BECOME ACTIVE YOURSELF.

With this 'call to arms' in mind, I see three potential tiers to the existing Irish Association of Social Care Educators developing in time, although I do not favour further segregation and fragmentation within social care for its own sake. I would not like to see membership of one particular Association being used against an individual in trying to join another Association.

My point in suggesting the development of the two new Associational levels is that we could be guaranteed that all members would either be on the route to graduation or be graduates of established social care programmes. This would rid ourselves of one of the major bones of contention – that of qualifications (see Garfat, 1999).

There would be far less ambiguity in the system. *All* practitioners would be politicised, as all would have invested considerable time in training and would have studied theory-based subjects such as political science, sociology psychology and communications and practice-based subjects such as personal development, counselling and creative approaches to social care to name but some. We need to embrace the long-term, but unqualified, social care practitioners and not simply discard them in the rush towards accreditation.

I advocate that students from years one through to years three of the National Diploma in Social Care should be encouraged to join the student association (IASCS). Graduates of the Diploma, but currently studying for the Degree in Social Care or Masters in Social Care, could hold joint membership of two associations – the Irish Association of Social Care Students (IASCS) and the Irish Association of Social Care Graduates (IASCG). Members would already hold graduate status and have formal recognition from both their peers and educators. This dual membership could prove beneficial in terms of seeking employment, searching for scholarships and the like. Finally, those graduates who move into the educational system (and believe me, we really do want you to consider this!) could take up membership of the Irish Association of Social Care Educators (IASCE) as they would already automatically sit in on academic course board meetings and review panels.

One of my Degree students asked me recently, what concrete things would come out of joining such Associations? My first answer to this would be, your Associations could do what they like. I might suggest that we could hold joint conferences where we could have immediate access into each other's workshops, lectures and seminars, thus breaking down some of the barriers that exist between practice and academia at present. As VanderVen (1998, p. 97), talking about the American scene, suggests, academia can support CYC practitioners by "finding ways to offer experienced practitioners part-time or full-time teaching positions, supporting and mentoring them, and being alert to further opportunities for them to advance their academic careers." Why can we not do likewise in this country?

The Associations could also act as a point of reference for members, as it is my experience that many social care students tend to leave behind their collective identities (due to sheer pressures of work) when they graduate and go into practice as, for example, community child care workers, residential child care workers or project workers. The main point I want to make here is that the Irish Association of Social Care Educators wants to support and facilitate both students and practitioners.

### **All the World's a Stage**

I should like to quote again from Thom Garfat. "*I do understand the frustration involved when we see people we care about (in this case, care workers) not doing that which we think they should be doing, in not caring for themselves the way we think they should care for themselves. But I do think that what is needed is a leadership of belief in them and their work*" (Garfat, 2001).

Social care must become a true partnership between *all* the actors on the stage, (i.e. the front line practitioners) not just the ones most visible to the audience sitting in the front rows of a theatre. The lighting staff, the technical staff, the sound staff, the musicians in the pit, the person selling hot dogs or ice cream to name but some, all contribute to the experience that is a successful production. So too with social care. Do not leave out the educators. Do not leave out the students. Do not leave out the practitioners. Do not leave out the managers. Do not leave out the policy writers. Crucially, do not leave out the 'clients' with whom you work. EMBRACE CHANGE.

And do not leave out yourself! Join an Association that you feel will represent you. Take an active part in whatever Association or Associations you join and show respect for yourself and your colleagues by turning up for meetings, completing tasks agreed by you and advocating on behalf of your clients and yourselves. Be willing to learn from one another's experiences. If we can do this we will all genuinely be able to call ourselves self-reflective. Now that really would be something.

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